



12-23-05

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Susan D. Jones 12.22.2005
SUSAN D. JONES DECEMBER 22, 2005

DECEMBER 22, 2005**DATE OF MAILING****EV588887122US****EXPRESS MAIL LABEL**

U.S.S.N.:	10/806,598
FILING DATE:	MARCH 23, 2005
APPLICANT:	TEMES, ET AL.
GROUP ART UNIT:	2816
EXAMINER:	DINH THANH LE
ATTORNEY DOCKET No.	068354.1173
TITLE:	"SWITCHED CAPACITOR SIGNAL SCALING CIRCUIT"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. FEE TRANSMITTAL (PTO/SB/17) WITH DUPLICATE COPY FOR FEE PROCESSING;
2. CHECK No. 950791 IN THE AMOUNT OF \$180.00 FOR IDS TRANSMITTAL FEE;
3. RESPONSE TO NON-FINAL OFFICE ACTION, MAILED SEPTEMBER 26, 2005;
4. INFORMATION DISCLOSURE STATEMENT TRANSMITTAL LETTER;
5. INFORMATION DISCLOSURE CITATION (PTO-1449) AND FIVE (5) CITED REFERENCES;
AND
6. RETURN POSTCARD TO ACKNOWLEDGE RECEIPT OF THESE ITEMS.

ATTORNEY CONTACT:**PAUL N. KATZ****REG. No. 35,917****BAKER BOTTS L.L.P.****TELEPHONE:****713.229.1343****FACSIMILE:****713.229.7743****E-MAIL:****PAUL.KATZ@BAKERBOTTS.COM****PTO CUSTOMER NUMBER LABEL: 023640**



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1995

Effective on 12/08/2004.

as pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/806,598
Filing Date	March 23, 2004
First Named Inventor	Gabor C. Temes, et al.
Examiner Name	Dinh Thanh Le
Art Unit	2816
Attorney Docket No.	068354.1173

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-0383 Deposit Account Name: Baker Botts L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement

\$180.00

SUBMITTED BY

Signature	<u>Paul M. Katz</u>	Registration No. (Attorney/Agent)	35,917	Telephone	713.229.1343
Name (Print/Type)	Paul N. Katz	Date	December 22, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



EV 588887122 US

Mailing Label
Label 11-F, April 2004O I P E
IAP80
DEC 22 2005

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Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

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FROM: (PLEASE PRINT) **713 229 1234**
Paul Katz - 4514
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COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

068354.1173

FOR PICKUP OR TRACKING: Visit **www.usps.com** or Call 1-800-222-1811

Papers filed herewith on: 12.22.2005

DOCKET NO.: 068354.1173

ATTY/SEC.: PGF/odt

APPLICANT(S): Jones, et al.

USN: 10/sak, 598 FILED: 03.23.2004

PAT NO.: N/A

☐ New Application with Transmittal Letter

☐ Utility ☐ Design ☐ CIP ☐ Provisional

☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV

☐ Filing Under 37 CFR 1.114(RCE)

☐ Filing Under 37 CFR 1.53(d) (CPA)

☐ Specification Consisting of: _____ pages

☐ Declaration

☐ Power of Attorney

☐ Assignment / Cover Letter

☐ Letter to Official Draftsman

☐ Drawings - Sheets ☐ Formal ☐ Informal ☐ Red-link

☐ Priority Document(s) _____

☐ Amendment:

☐ Transmittal ☐ Large Entity ☐ Small Entity

☒ Response to MPOA mailed 9.26.2005

☐ Information Disc. Stmt. PTO-1449(s) 5 ref(s)

☐ Notice of Appeal ☐ Appeal Brief

☒ Issue Fee Transmittal

☒ FEES: For 1st set of 17 claims - copy

☐ Other: Q# 95074, 9/18/00

Receipt is hereby acknowledged of the papers filed as indicated in connection with the above identified case. COMMISSIONER FOR PATENTS

Due Date: 12.26.2005

Express Mail L: **EV588887122US**

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